| | | Application or Docket Number | | | | | |
|--|---------------------------------------|------------------------------|-------------------|--------------------------|---------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 \(\alpha \) 6 \ \ \ \ 9 7 \\ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | | |
| 4050 | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY TYPE | | OTHER THAN | | |
| TOTAL CLAIMS | 33 | | RATE | PEE | 7 | RATE | FEE |
| FOR | NUMBER FILED * | NUMBER EXTRA | BASIC F | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | ろ 3 3 3 3 3 3 3 3 3 | | X\$ 9 | = | OR | X\$18= | 234 |
| INDEPENDENT CLAIMS | | | X42= | | OR | X84= | 84. |
| MULTIPLE DEPENDENT CLAIM P | RESENT | | +140: | | OR | +280= | 50-7 |
| * If the difference in column 1 is less than zero, enter *0* in column 2 | | | TOTA | | OR | TOTAL | 1068 |
| CLAIMS AS AMENDED - PART II | | | 10 11 | | , O, 1 | OTHER | |
| 5/18/05 (Column 1) | (Colum | | SMAL | L ENTITY | OR | SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT Total * 3 3 Independent * U | HRGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FÉE | | RATE | ADDI- TIONAL FEE |
| Total + 33 | Minus ** 3 | 3 = | X\$ 9= | | OR | X\$18= | |
| | Minus *** C | (= - | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +140= | | OR | +280= | |
| | | | TOTA | | | TOTAL | |
| (Column 1) | (Colum | nn 2) (Column 3) | ADDIT. FE | Ε | , | ADDIT. FEE | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGH NUMI PREVIO PAID I | EST BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AFTER AMENDMENT Total * Independent * | Minus ** | = | X\$ 9= | | OR | X\$18= | rec |
| | Minus *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF ML | JUIPLE DEPENDENT | CLAIM | +140= | | OR | +280= | |
| | | | TOTA ADDIT. FE | | OR | TOTAL ADDIT, FEE | |
| (Column 1) | (Colum | | | | | | |
| CLAIMS REMAINING AFTER AMENOMENT Total Independent * | HIGH NUME PREVIO PAIO I | BER PRESENT BUSLY EXTRA | RATE | . ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * | Minus ** | = | X\$ 9= | | OR | X\$18= | |
| Independent * | Minus *** | CI ANA | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | OR | +280≈ | - |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT SEE | | | | | 00 | TOTAL | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | |
| FORM PTO-875 (Rev. 1287): 115 Grundment Return Office 2000 400 07 1000001 Princet and Trademort Office 115 DEPARTMENT OF CRAMMENT | | | | | | | |